

Revision: HCFA-AT-81-34 (BPP)

10-81

State ARKANSASCitation4.21 Prohibition Against Reassignment of
Provider Claims42 CFR 447.10(c)
AT-78-90
46 FR 42699Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.TN # 81-17
Supersedes
TN # 78-14Approval Date DEC 21 1981

Effective Date _____